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# STOCKSBRIDGE URBAN DISTRICT COUNCIL

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# Annual REPORT



of the  
Medical Officer of Health  
for the year  
1960



**STOCKSBRIDGE  
URBAN DISTRICT COUNCIL**

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# **STOCKSBRIDGE URBAN DISTRICT COUNCIL**

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## **PUBLIC HEALTH COMMITTEE, 1960**

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Councillor P. SCHOFIELD (Chairman)

„ L. H. SCHOLEY, J.P., (Chairman of the Council)  
„ A. E. JACKSON (Vice-Chairman of the Council)  
„ J. W. ALLOTT  
„ Miss M. E. BALFOUR  
„ J. C. BATTYE  
„ A. E. DAVIES (Commenced 26/5/60)  
„ A. HAWLEY  
„ J. P. HOLLING, J.P., (Commenced 26/5/60)  
„ D. MATE  
„ A. SWEENEY, J.P.  
„ G. A. WAINWRIGHT  
„ A. T. NEEDLE (Retired 25/5/60)  
„ A. RAINS (Retired 25/5/60)

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## **STAFF OF THE HEALTH DEPARTMENT**

**Medical Officer of Health :**

**J. MAIN RUSSELL, M.B., Ch.B., B.Hy., D.P.H.**

**Senior Assistant Medical Officer :**

**J. J. SMITH, M.B., Ch.B., D.P.H.**

**Public Health Inspector and Surveyor :**

**DOUGLAS E. ROBINSON, M.S.I.A., Cert. M. & F.I.**

**Additional Public Health Inspector :**

**A. E. KAYE, R.S.H., Cert.**

**Official address of Medical Officer of Health :**

**MORTOMLEY HALL, HIGH GREEN, Near SHEFFIELD.**

**Tel. No.: High Green 292.**

# STOCKSBRIDGE URBAN DISTRICT COUNCIL

## Annual Report of the Medical Officer of Health for the year 1960.

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To the Chairman and members of the  
Stocksbridge Urban District Council.

Lady and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ended 31st December, 1960. As in previous years I am including in my report some statistical information indicating the extent to which the Part III services of the Local Health Authority have been used during the year.

Like those for 1959, the Statistics for the year under review are quite satisfactory. The Birth Rate has remained more or less stationary, only dropping a decimal point from the previous year. Indeed, over the last four years the Birth Rate has varied little only between the limits of 0·3 and 0·8. At 17·3 per 1,000 of the population it is better than that for England and Wales and for the Administrative County of the West Riding. The corrected rate was 17·0.

The crude Death Rate is the same as that for 1959, and is less than that for the remainder of the Country. There does not seem to have been very much variation in the Death Rate over the last six years, the rates ranging from the highest at 11·3 to 8·4. The rate is very much better than that for England and Wales and for the West Riding Administrative County ; the corrected rate at 12·8 is still a favourable one.

The Still-birth Rate remains too high. It has increased by more than 100% and at 21·2 per 1,000 live and still-births it is higher than that for England and Wales, although slightly less than that for the West Riding Administrative County.

Still

I said in my report for 1959 that a satisfactory Birth Rate reflects efficient ante-natal care of the expectant Mother, but one feels that it would be rather unfair to say that because this rate has jumped in 1960 there had been a sudden lowering of standards of ante-natal care amongst the young Mothers in Stocksbridge ; this is not so. The fact is that ante-natal care is increasing in efficiency. Young Mothers are getting every help and they, themselves, are interested in obtaining what advice and encouragement is available either from the Doctor, Midwife or Health Visitor, or all three. I think there must be something more fundamental to account for this increase in the still-birth Rate. We are still awaiting final pronouncements concerning the surveys done into neo-natal and peri-natal mortality, and probably when all the evidence has been sifted we might find some common factor—at least we are hoping for this.

The Infantile Mortality Rate is still unsatisfactory. It is lower than last year, and indeed it is the lowest rate we have had since 1955, but at 16·2 per 1,000 related live births one cannot be completely complacent. The rate is lower than that for England and Wales and for the Administrative County of the West Riding, but although comparing favourably with those rates it is still much higher than it ought to be. Altogether there were three infantile deaths under the age of 1 year, two male and one female. Two of the deaths occurred before the child had reached the age of one week and were due to premature birth and congenital malformation, which deaths could hardly be labelled preventable ; but one child died before the age of three months from an acute infection of the Upper Respiratory Tract and this, to me, is very much a preventable death. I have mentioned from time to time in my reports that the delicate lining of the Upper Respiratory Tract of the young child is most prone to infection, and how necessary it is that babes be safeguarded from any outside source of infection. Common colds and Influenza suffered in a mild form by members of the household can be the source of extreme danger to a young child. I would advise, where there is a young baby in the home, that any member with the

slightest degree of infection should remain apart from the child until the infection has cleared up. Similarly, it is wise that neighbours and friends who might have been incubating or recovering from an upper respiratory infection should not visit or come in too close contact with the babe until the infection has cleared.

At this point I must mention, however, that the general impression one has gained from personal experience and from what one is told by the medico-social fieldworkers on the staff, is that the young Mother today is very interested in all she hears and sees at Clinics and at Discussion Groups with the Health Visitor. I am certain that this will reflect in the overall improvement in the standard of health of the young child.

On studying the table dealing with the principal causes of death it is again noticeable that the highest number of deaths was in the Diseases of the Circulatory System section, which included Coronary Disease. Here there was a total of 42 deaths, nearly 40% of the total number. The next highest group was Malignant Disease, which accounted for 25 deaths, approximately 23.5% of the total number. Included in this was a figure of 3 deaths from Carcinoma of the Lung. When one notices that approximately three deaths in 100 in a place like Stocksbridge are due to Carcinoma of the Lung, one begins to think seriously about any predisposing factors which might account for this. Many things have been mentioned as possibles, but we do know that there is a relationship between Cancer of the Lung and Smoking, and to me it does not appear that there has been any marked reduction in the amount of smoking. I have tried, of course, from time to time, by posters and by talking to groups of people, even to showing films in School, to point out the danger, but it is not very easy to get results. I believe that example plays a great part in instructing the young people. Is it too much of a sacrifice to ask the adult to limit his or her smoking, and thus set an example? Incidentally they would be the better for it themselves.

I am glad to be able to report that the Death Rate from accidents is very much lower this year than it was in 1959. There was only one accident, which was a road accident involving a motor vehicle. We have in Stocksbridge an active Home Safety Committee, which is a Sub-Committee of the very enthusiastic Accident Prevention Council. Every opportunity is taken by the members of this Committee to propagandise Home Safety principles, e.g. at local outdoor functions, other exhibitions and at meetings where people gather from time to time.

The Infectious Diseases picture for 1960 is very much more satisfactory than the one for 1959. There were only 21 cases of Infectious Disease notified as compared with 206 in 1959. Of the Infectious Diseases notified 18 were cases of Whooping Cough; the other 3 were one each Dysentery, Food Poisoning and Erysipelas. If a case of Whooping Cough is notified to the Department we search through our records to see if the case has been previously vaccinated. In the matter of the 18 notified in Stocksbridge in 1960 I have no record of them ever having been vaccinated. Notwithstanding this relatively low incidence of Whooping Cough in Stocksbridge, the attack rate is still higher than that for England and Wales, although it is not so high as that for the West Riding Administrative County.

Mr. Robinson, the Public Health Inspector, has submitted that part of the report which deals with the Sanitary Circumstances. The report would indicate again a maintenance of a high standard of efficiency in the Department. The water supply for the district is supplied from the Sheffield Corporation and its origin is principally in the Springs feeding Langsett Reservoir. The number of dwellings supplied by this water is 3,674. The remaining 80 houses in the Stocksbridge district receive their water supplies from private sources which from time to time are checked and sampled. During the year we had no reports of any deficiency in quality or quantity of these latter supplies.

All but 80 of the total 3,754 houses in Stocksbridge are drained to sewers. Of the remaining 80, 10 have a private drainage scheme, principally to Septic Tanks, and 70 are less satisfactory, being served by Privies and Cesspools. We are still awaiting completion of the Sewers in part of New Road and Manchester Road and, of course, the extension to the Deepcar Sewage Disposal Works is still an urgent need. Consent to improve and extend the latter Sewage Works was being awaited towards the end of the year and there is every hope that there will be no further delay.

In concluding this introduction to my report I would like to put on record here my thanks to the Chairman and members of the Health Committee for their continued support and encouragement during the year. At the same time I would like to thank the Clerk and the other staff of the Council for their co-operation.

I want to say how grateful I am to Mr. Robinson and his staff for their continued loyal support and for their efficient work.

My thanks are also due to my colleague, Dr. J. J. Smith, for her helpful advice and general support throughout the year.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.

## DISTRICT STATISTICS IN BRIEF

The Stocksbridge Urban District covers an area of 4,631 acres. The number of inhabited houses at the end of 1960 was 3,754. The rateable value of the district is £160,807 whilst the product of a penny rate is £643 0s. 0d. as at 31st March, 1961.

## VITAL STATISTICS

### Population.

The Registrar General has given his estimation of the population as 10,690, an increase of 60 as compared with the 1959 figure.

### Births.

There were 185 live births registered in the district during the year. Of these 86 were males and 99 females. This is the same as the figure for 1959. There were 3 illegitimate births, 1 male and 2 female.

### Still-Births.

During the year there were 4 still-births, 1 male and 3 female. There were no illegitimate still-births.

### Deaths.

106 deaths were attributed to the district during 1960, 58 male and 48 female. This is an increase of 1 compared with the 1959 figure.

Below I give tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates, with those rates for other parts of the Country.

## RATES PER 1,000 TOTAL POPULATION

Year		England and Wales	West Riding Administrative County	Stocksbridge U.D.
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### LIVE BIRTHS

(Rates per 1,000 of the Population)

1960	...	17.1	16.9	17.3
1959	...	16.5	16.5	17.4
1958	...	16.4	16.7	17.6
1957	...	16.1	16.6	17.8
1956	...	15.7	16.4	16.4

### DEATHS

(Crude Death Rate)

(Rates per 1,000 of the Population)

1960	...	11.5	11.5	9.9
1959	...	11.6	11.6	9.9
1958	...	11.7	11.9	11.3
1957	...	11.5	11.7	8.4
1956	...	11.7	11.8	9.6

### STILL-BIRTHS

(Rates per 1,000 Live and Still-births)

1960	...	19.7	22.4	21.2
1959	...	20.7	20.4	10.7
1958	...	21.6	22.8	10.8
1957	...	22.4	23.9	10.8
1956	...	23.0	23.1	23.1

## PRINCIPAL CAUSES OF DEATH

<b>Infective Diseases</b>		Male	Female	Total
Tuberculosis (Respiratory) ... ...	1	—	—	1
Other Infective or Parasitic Diseases ... ... ... ...	1	1	—	2
<b>Cancer</b>				
Malignant neoplasm, stomach ...	2	3	—	5
Malignant neoplasm, lung ...	3	—	—	3
Malignant neoplasm, breast ...	1	2	—	3
Other malignant and lymphatic neoplasms including leukaemia	8	6	—	14
<b>Nervous System</b>				
Vascular lesions of nervous system	6	13	—	19
<b>Circulatory System</b>				
Coronary disease, angina ... ...	12	6	—	18
Hypertension with heart disease ...	1	—	—	1
Other heart disease ... ... ...	6	8	—	14
Other circulatory diseases ... ...	7	2	—	9
<b>Respiratory System</b>				
Pneumonia ... ... ... ...	—	—	1	1
Bronchitis ... ... ... ...	6	1	—	7
Other diseases of respiratory system ... ... ... ...	1	—	—	1
<b>Digestive System</b>				
Ulcer of stomach and duodenum	—	2	—	2
<b>Genito-Urinary System</b>				
Nephritis and Nephrosis ... ...	1	—	—	1
<b>Infant Deaths</b>				
Congenital malformations ... ...	1	—	—	1
<b>Other Defined and Ill-Defined Diseases</b>	—	3	—	3

## Accidents

Motor Vehicle	....	....	....	....	1	—	1
All Causes	...	...	...	...	58	48	106

## AGE DISTRIBUTION OF DEATHS

					Male	Female
Under 1 year	...	...	...	...	2	1
1 to 2 years	...	...	...	...	—	—
2 to 5 years	...	...	...	...	1	—
5 to 15 years	...	...	...	...	1	—
15 to 25 years	...	...	...	...	1	—
25 to 45 years	...	...	...	...	1	2
45 to 65 years	...	...	...	...	19	9
65 years and over	...	...	...	...	33	36
				TOTAL	58	48

## Infantile Mortality

There were 3 deaths under 1 year of age (2 male and 1 female), equivalent to a rate of 16·2 per 1,000 live births.

## DEATHS UNDER 1 YEAR

(Rates per 1,000 Related Live Births)

Year		England and Wales	West Riding Administrative County	Stocksbridge U.D.
1960	...	21·7	22·5	16·2
1959	...	22·0	24·0	21·6
1958	...	22·5	24·4	21·7
1957	...	23·0	26·4	32·6
1956	...	23·8	27·1	17·8

TABLE SHOWING AGE DISTRIBUTION OF  
INFANTILE DEATHS

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Prematurity .....	1	—	—	—	1	—	—	—	—	1
Congenital Malformations and Birth Injuries .....	1	—	—	—	1	—	—	—	—	1
Acute infection of res- piratory tract .....	—	—	—	—	—	1	—	—	—	1
<b>Total .....</b>	<b>2</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>2</b>	<b>1</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>3</b>
1959.....	3	—	1	—	4	—	—	—	—	4
1958.....	3	—	—	—	3	1	—	—	—	4
1957.....	4	1	—	—	5	1	—	—	—	6
1956.....	3	—	—	—	3	—	—	—	—	3

## PREVALANCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

### Infectious Diseases other than Tuberculosis

During the year 21 cases of Infectious Disease were notified. They were distributed as follows:—

				Notifications	After Correction
Measles	...	...	...	...	—
Scarlet Fever	...	...	...	...	—
Whooping Cough	...	...	...	18	18
Acute Pneumonia	...	...	...	—	—
Dysentery	...	...	...	1	1
Food Poisoning	...	...	...	1	1
Erysipelas	...	...	...	1	1
				<hr/>	<hr/>
				21	21
				<hr/>	<hr/>

### ATTACK RATE OF COMMONER INFECTIOUS DISEASES

Disease	England and Wales	West Riding Administrative County	Stocksbridge U.D.
Scarlet Fever .....	0.70	0.93	0.00
Pneumonia .....	0.32	0.32	0.00
Measles .....	3.48	2.81	0.00
Whooping Cough .....	1.27	1.95	1.68
Dysentery .....	0.95	0.58	0.09
Erysipelas .....	0.06	0.08	0.09

## DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS

DISEASE	Age Group										TOTALS	
	Measles	Scarlet Fever	Whooping Cough	Acute Pneumonia	Dysentery	Food Poisoning	Erysipelas					
Measles	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	18	—
Scarlet Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	—	65 and over
Whooping Cough	.....	.....	.....	.....	4	—	2	3	7	—	—	45—65 yrs.
Acute Pneumonia	.....	.....	.....	.....	—	—	—	—	—	—	—	35—45 yrs.
Dysentery	.....	.....	.....	.....	—	—	—	—	—	—	—	25—35 yrs.
Food Poisoning	.....	.....	.....	.....	—	—	—	—	—	—	—	15—25 yrs.
Erysipelas	.....	.....	.....	.....	—	—	—	—	—	—	—	10—15 yrs.
	—	—	—	—	—	—	—	—	—	—	—	5—10 yrs.
	—	—	—	—	—	—	—	—	—	—	—	4—5 yrs.
	—	—	—	—	—	—	—	—	—	—	—	3—4 yrs.
	—	—	—	—	—	—	—	—	—	—	—	2—3 yrs.
	—	—	—	—	—	—	—	—	—	—	—	1—2 yrs.
	—	—	—	—	—	—	—	—	—	—	—	0—1 yr.
TOTALS	.....	.....	.....	.....	5	—	2	2	3	8	—	21

## **Scarlet Fever**

There were no cases during 1960. I think this is the first occasion since I prepared Annual Reports for the Stocksbridge district that we have had a year free from Scarlet Fever.

## **Measles**

The same would apply to Measles as for Scarlet Fever—a year where no cases occurred at all. In 1959 there was quite a high incidence and it was to be expected that there would be a different picture in 1960.

## **Whooping Cough**

I have already commented upon Whooping Cough in my introduction to the Annual Report, but here one might mention the fact that immunisation against Whooping Cough is still available to young children both at the Clinic and from the family Doctor. It is the rule now to use combined antigens at the Clinics and it is seldom that the young baby misses the initial immunisation. There are some who do not have it done and I suppose there will always be some who refuse these preventive measures for their children. I wish they would change their minds. All the same, the figures for Stocksbridge for 1960 were quite satisfactory, in that 150 children, 13 more than in 1959, were immunised against Whooping Cough. All of them were under the age of 5 years.

## **Smallpox**

I mention Smallpox just so that I can report the number of vaccinations against this disease which were performed in the district during the year. 49 children were vaccinated, 40 of them under the age of 1 year and the remainder varying in age between 1 and 15 years. There were no re-vaccinations carried out during the year.

## **Diphtheria**

Once again the district was free from Diphtheria, and we hope that it will remain like this for many years to come. Immunisation against Diphtheria continued during 1960, and the number who received primary immunisation was 256. This

is over 100 more than in the previous year. Of this number 154 were under the age of 5 years and 102 between the ages of 5 and 15 years. During the year, also, 113 children received reinforcing doses of the antigen, almost every one on the occasion of their first medical examination after commencing School. This was an increase of 34 compared with 1959.

### Poliomyelitis

We were fortunately spared once more to have a year free from Poliomyelitis in the district, and I think that we are justified in saying that the scheme for vaccination against the disease, which has been in operation now for a year or two, is beginning to show results. We still maintain an intense publicity campaign to encourage the late teen and early 20-year age groups to come for vaccination. The group that we were anxious to bring into the scheme was the 15-25 age group. During 1959 there was quite a demand in that group, but it began to fall off during 1960, and only our persistent poster advertising, and word of mouth campaign maintained a reasonable demand.

During the year we had open sessions at the British Hall. We visited the Works of Messrs. Samuel Fox & Co. Ltd. three times, where in co-operation with the Works Medical Officer we immunised various groups of the younger employees. Sessions were held in School and at the Clinic on regular occasions. General Practitioners in Stocksbridge have been very busy throughout the year providing this protection for their respective patients. I do hope that the demand will remain high. I want the level of immunity to rise and remain high.

I would have liked to have given some statistics of the number of people in Stocksbridge who were immunised during 1960, but this is well nigh impossible. Some young people in Stocksbridge were immunised in Sheffield, Penistone, and many people from places as far apart as Penistone, Barnsley, Sheffield were immunised at the Works in Stocksbridge. This overlap is inevitable. I can, however, give the statistics of the number of vaccinations against Poliomyelitis attributed to this Division for the year ended 31st December, 1960.

## Persons who received two injections during 1960:—

Months	Age Group 1933-1942	Age Group 1943-1960	Age Group Prior to 1933 but under 40 years	Others
January-March	350	176	30	17
April-June	325	100	176	77
July-September	320	51	202	29
October-December	134	105	276	—
TOTAL ...	1,129	432	684	123

Total number of persons who received three injections during the year ended 31st December, 1960—10,481.

## Food Poisoning

One case of Food Poisoning was reported in the early part of the year, when the child had been admitted to the City General Hospital for general investigation. The organism which caused the illness was isolated, and despite careful searching and sample-taking we were unable to find the source of the infection, or indeed to find any other member of the household who suffered from the disease or was a symptomless carrier. We were also unsuccessful in tracing the origin of the infection.

## Dysentery

One case was notified at the beginning of the year. A child of 5 days was found to be suffering from the disease and the organism of Sonné Dysentery was isolated. The child was admitted to Hospital and made a rapid and complete recovery.

## Tuberculosis

During the year there was a further decrease in the incidence of Tuberculosis, only two cases being notified, one a case of Pulmonary Tuberculosis and one Non-Pulmonary. The case of Pulmonary Tuberculosis was an adult, who was admitted to Hospital for treatment and was making excellent progress.

Age Group	Respiratory		Non-Respiratory	
	Male	Female	Male	Female
0—15 years .. .. .. ..	—	—	—	—
15—30 years .. .. .. ..	—	—	—	1
30—45 years .. .. .. ..	—	—	—	—
45—65 years .. .. .. ..	1	—	—	—
65 years and over .. .. .. ..	—	—	—	—
<b>Totals .. .. .. ..</b>	<b>1</b>	<b>—</b>	<b>—</b>	<b>1</b>

At the end of the year there were 87 cases remaining on the Tuberculosis Register. Of those, 59 were Pulmonary (32 male and 27 female) and 28 were Non-Pulmonary (13 male and 15 female). During the year 10 cases were removed from the Register, 6 having been cured, 2 having left the area and 2 having died. In all, during 1960, 3 cases were admitted into the Sanatorium and 4 cases were discharged from Sanatorium or Hospital. The Tuberculosis picture, therefore, is quite favourable, and I think it is lower than I have experienced it since I began writing reports for the District Council.

When a case of Tuberculosis is notified there is an immediate investigation carried out in an endeavour to find the source of the infection. There is employed in the Division a Health Visitor whose sole duty it is to deal with Tuberculosis investigation and epidemiology. This Health Visitor sees the patient at the Clinic with the Consultant and also sees the patient in the home and maintains a very firm liaison between the patient and the Clinic on the one hand and between us here and the patient on the other. We have a very happy relationship with the Consultant Chest Physician, who informs us of all matters dealing with Tuberculosis in the district and we, in turn, are grateful to him for his help when we have asked it concerning any problem that we might have in the epidemiology field.

## B.C.G. Vaccination

The scheme for the vaccination of the 13/14 year old School children with B.C.G. continued during the year. Altogether there were 113 children who presented themselves for Mantoux testing for the first time and of these 38 proved positive and 75 negative. Those 75 negative cases were duly vaccinated with liquid B.C.G. Vaccine.

At the same time we recalled for retesting, those children who had been vaccinated the previous year, to find out if they had been successfully converted to Positive Mantoux, i.e. successfully vaccinated. Of those, 54 were obviously positive and, therefore, successfully converted, and 2 were less definite, but definite enough not to require revaccination.

In my report for 1959 I mentioned that we had introduced the new Freeze Dried Vaccine, which had many advantages, not the least of which was the ease with which it could be kept in stock. I mentioned then that one was not quite sure of how the results would compare with those from the liquid Vaccine previously used, but it is obvious from this experience that its efficiency cannot be doubted at all.

## Health Education

During the year under review I and my staff maintained a continuous programme of health educational projects in our Clinics and Schools and our Mothercraft Discussion Groups. The stock of visual aid and teaching material has increased in the Division, and filmstrip talks are given regularly to expectant Mothers at Ante-natal Clinics and also to the young mothers at Mothercraft Classes. In Schools, too, health subjects are discussed amongst the more senior of the pupils, and in this connection within the last few years one class of senior girls has studied First Aid and Home Nursing, and have presented themselves for examination at the end of the term, with a large measure of success.

During the year there has been an increase in the propaganda efforts with regard to Home Safety, the appropriate Sub-Committee of the Accident Prevention Council displaying posters and literature and also organising Discussion Groups at some of the various Voluntary Organisations.

## National Assistance Act.

There was no occasion to use the provisions of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.

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## GENERAL PROVISION OF THE HEALTH SERVICES

### Hospitals

The Sheffield Regional Hospital Board is responsible for the provision of the Hospital Services covering this district. Infectious Disease cases are admitted to Lodge Moor Hospital, Sheffield. General cases are admitted to the Sheffield group of General Hospitals and occasionally to Barnsley Beckett Hospital.

### Laboratory Services

These services are available at the Public Health Laboratories at City General Hospital and at Wakefield. The Medical Directors of each of these centres have been most helpful on a number of occasions and I am grateful to them for their advice and help.

### Ambulance Service

The service operating from the Ambulance Station at Hoyland remains the same. During 1960 the Base Transmitter was transferred from Kirk Balk School to the Water Tower at Hawshaw Lane, giving a wider radio coverage and making for much improved radio reception. A shorter working week has necessitated a redeployment of labour, but the new Telephone Service whereby the Hoyland Station is the Distributing Depot for all West Riding County Council Ambulance requests to the Sheffield area, has streamlined the system, making for greater control and easier operation.

## CLINICS

The following gives details of the Clinics and ancillary services .

**Tuberculosis Clinic**—continues to be held every Monday afternoon in a room at the rear of the Town Hall. The Chest Physician and Tuberculosis Health Visitor are present, and any case where further investigation is needed is referred to the Central Chest Clinic at Barnsley.

### Mobile Clinic

This Clinic is held every fortnight on a Friday afternoon at Ewden. Personal advice is given to the Mothers who attend, and health education carried out by the Health Visitor who is in attendance at each session. A Doctor attends by appointment to carry out immunisation against Diphtheria, Whooping Cough, Poliomyelitis, and advise Mothers on any problems they may have.

Total attendances during 1960 were 82, as compared with 96 the previous year. This is a reduction of 14.

The number of children who attended during the year was 15. As these children come from scattered communities the Land Rover collects the Mothers and their children and brings them to the Clinic. After the visit transport is again arranged for their return home.

### Child Welfare Clinic

This Clinic is held every Tuesday afternoon at the British Hall, Stocksbridge. Two Health Visitors and a Doctor are in attendance weekly.

At the Clinic vaccination against Smallpox, and immunisation against Diphtheria, Whooping Cough and Poliomyelitis is carried out. The Health Visitors give individual advice to mothers, and on all possible occasions hold small group discussions on all aspects of positive health.

This Clinic is becoming so popular that at times, the staff find they are cramped for room. During the year 246 children attended the Clinic, of which 132 were new babies attending for the first time. The number of attendances was 1,513.

The Health Visitor session held each Friday afternoon continues to grow and is proving very useful. The number of children who attended during the year was 61, of which 41 were new babies attending the Clinic for the first time. The number of attendances was 463.

The staff at the Clinic consists of the Medical Officer, Dr. Patterson, and the Health Visitors Mrs. Sellars and Mrs. Dransfield at the Tuesday Clinic and Miss Gregory at the Friday session. Mrs. Laycock, part-time Assistant, attends when extra help is required.

In addition to the above Clinics held at the British Hall sessions are also held for vaccination against Poliomyelitis, B.C.G. and Eye Clinics.

### Health Visiting Service

The position regarding staff during the year remains as in 1959. Miss Gregory was granted four months leave of absence to take her Queen's District Training in London. During the year a total of 5,635 visits were made by these Health Visitors.

In March the routine testing of all babies, between the age of one month and six weeks for Phenylketonuria was commenced, but during this period no positive case was ascertained in the Stocksbridge area. This is a new type of work for the Health Visitor. The earlier a diagnosis is made the sooner corrective treatment can begin in an endeavour to limit brain damage and resultant subnormality.

The Health Visitor visits expectant Mothers, all children under the age of 5 years, the aged persons in their homes, and undertakes special visiting for the Hospitals. She acts as the

family visitor and advises on any health, social or environmental problems affecting any member of the family. She is trained to decide when to call in specialised help, either from Statutory or Voluntary Organisations. Her duties include close liaison with the General Practitioners, Hospital Almoners and other Social Workers. In addition she is employed as a School Nurse and carries out hygiene inspections, is present at School Medical Inspections, attends Specialist Clinics and visits the Mothers of School children when necessary.

The Health Visiting Staff during 1960 was as follows :—

Name	Address	Telephone No.
Miss K. Gregory	20, Don Avenue, Sheffield, 6.	Sheffield 345445
Mrs. H. Dransfield	14A, Armitage Road, Deepcar.	Stocksbridge 2214
Mrs. L. M. Sellars	Handbank Farm, Midhope, Stocksbridge.	Penistone 3387
Mrs. M. A. Laycock (Part-time Asst.)	6, Unsliven Road, Stocksbridge.	

### Home Nursing Service

For the first part of the year the Home Nursing in Stocksbridge was carried out by members of the staff of the Division, but in April, 1960 Mrs. Armitage, the Home Nurse/Midwife became the Home Nurse of Stocksbridge, undertaking only Home Nursing duties. In addition Mrs. Wragg was appointed, and commenced duty on the 30th May. She undertakes the Home Nursing in Deepcar. The personnel therefore, is at present at full strength.

The Home Nurses during the year 1960 visited 176 cases and made a total of 4,413 visits to the homes to carry out nursing care. This is a reduction of 58 visits as compared with 1959. Both Home Nurses are mobile.

The Home Nursing Staff during 1960 was as follows:—

Name	Address	Telephone No.
Mrs. A. M. Armitage	3, Heath Road, Stubbin Farm Est., Deepcar.	Stocksbridge 2294
Mrs. B. Wragg	13, Weavers Close, Grenoside.	Ecclesfield 4490

### Midwifery Service

The Midwifery Staff during 1960 was as follows:—

Name	Address	Telephone No.
Miss R. Crossley	"Walderscroft", Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. E. Steele (Relief Midwife)	Lane Farm, Carr Road, Deepcar.	Stocksbridge 3310

In April, 1960, Mrs. Armitage, District Nurse/Midwife transferred to full-time Home Nursing duties. Mrs. Steele was appointed in April for relief duties. In December Miss Crossley had to go on sick leave, and it is hoped with effect 1st January 1961 to appoint a temporary Midwife until she is fit to return to duty.

During the year the Midwives received training in the administration of Trilene Analgesia, and it is hoped by 1961 to supply machines to the Midwives so that Trilene may be administered on the district.

The Midwives are mobile and able to administer Gas and Air Analgesia. During the year they attended 88 confinements, 85 in their capacity as Midwives, and 3 as Maternity Nurses. (There were 78 confinements in 1959). During the year 41 cases availed themselves of Gas and Air, as compared with 25 cases in 1959.

In connection with the Midwifery Service, we have amongst our equipment a Sorrento Cot specially designed for the weakly child, either premature or weak following a difficult delivery. This Cot is equipped with Blankets, Hot Water Bottles, Feeding Equipment and an Oxygen Tent. We have a special arrangement with the Ambulance Service that the Cot is kept in their Depot so that it is immediately available when required, night or day. During the year this Cot was used twice in Stocksbridge, the Midwife considering that there was a danger to the baby's life if left to ordinary care. It is very gratifying to report that in both instances the babies made good progress and are now thriving very well.

## NURSING STAFF AS AT 1st JULY, 1961

### Health Visiting

Name	Address	Telephone No.
Miss K. Gregory	20, Don Avenue, Sheffield, 6.	Sheffield 345445
Mrs. L. M. Sellars	Handbank Farm, Midhope, Stocksbridge.	Penistone 3387
Mrs. H. Dransfield	14A, Armitage Road, Deepcar.	Stocksbridge 2214
Mrs. M. A. Laycock (Part-time Asst).	6, Unsliven Road, Stocksbridge.	

### Midwives

Miss R. Crossley	"Walderscroft", Hollin Busk Road, Deepcar.	Stocksbridge 3135
Mrs. E. Steele (Relief)	Lane Farm, Carr Road, Deepcar.	Stocksbridge 3310

### Home Nurses

Mrs. A. M. Armitage	3, Heath Road, Stubbin Farm Est., Deepcar.	Stocksbridge 2294
Mrs. B. Wragg	13, Weavers Close, Grenoside.	Ecclesfield 4490

## DISTRIBUTION OF WELFARE FOODS

The amount of Welfare Foods issued in the Stocksbridge Urban District during 1960 was as follows:—

National Dried Milk .....	2,197 tins
Cod Liver Oil .....	532 bottles
Vitamin A and D Tablets ...	625 (packets of 45)
Orange Juice .....	5,169 bottles

These foods are issued at the following centres throughout the Division on the days and times stated:—

Address of Premises	Days	Times
<b>STOCKSBIDGE URBAN DISTRICT:</b> Child Welfare Centre, British Hall, Stocksbridge ...	Tuesday Friday	10—12 a.m. 1—30—3—30 p.m. 10—12 a.m.
<b>PENISTONE URBAN DISTRICT:</b> Child Welfare Centre, Shrewsbury Road, Penistone ...	Monday	2—4 p.m.
Mr. A. Dyson, Town End, Thurlstone ... ...		During Shop Hours
<b>PENISTONE RURAL DISTRICT:</b> Child Welfare Centre Golf Club, Cawthorne ... ...	Alternate Wednesdays	1—30—3—30 p.m.
Private House Mrs. Pratt, Fir Tree, Thurgoland ... ...	On application at House (Except Sundays)	
Stocksbridge Co-op Society, Crane Moor, Sheffield ... ...		During Shop hours
Mrs. Thickett, Post Office, Oxspring ... ...		During Shop Hours
<b>HOYLAND NETHER URBAN DISTRICT:</b> Mrs. Taylor, 70 Sheffield Road, Hoyland Common ..... ....	Thursday	2—4 p.m.
Child Welfare Centre, Miner's Welfare Hall, Hoyland ..	Tuesday	11—12 a.m. 2—4 p.m.
<b>WORTLEY RURAL DISTRICT:</b> Clinic, Parish Hall, Oughtibridge ... ...	Thursday	2—4 p.m.

Address of Premises	Days	Times
Wortley Rural District cont.		
Clinic, Memorial Hall, Worrall ... ... ...	Alternate Tuesdays	2—4 p.m.
Child Welfare Centre, Miners' Welfare Hall, Chapeltown ... ... ...	Wednesday	11—12 a.m. 2—4 p.m.
Clinic, Methodist Chapel, High Green ... ... ...	Tuesday	2—4 p.m.
Colley Estate Clinic, Wordsworth Avenue, Sheffield, 5 .....	Monday Wednesday	2—4 p.m. 2—4 p.m.
Clinic, Methodist Chapel, Norfolk Hill, Grenoside ...	Thursday	2—4 p.m.
Child Welfare Centre Scout Hall, Tankersley ...	Alternate Mondays	2—4 p.m.
Child Welfare Centre, Knowle Top, Stannington ...	Wednesday	2—4 p.m.
Child Welfare Centre, Congregational Church, Loxley ...	Alternate Tuesdays	1—30—3—30 p.m.

## Domestic Help Service

During 1960 a total of 12,832 Domestic Help hours were provided in the Stocksbridge Urban District. In all, 17 Domestic Helps were employed, attending 81 cases. Out of the total 51 were continued from 1959, the remainder being new cases.

The types of cases where domestic help was made available are classified as follows:—

Maternity Cases ... ... ... ...		8
Tuberculosis ... ... ... ...		—
General Cases over 65 years ...	...	67
General Cases under 65 years ...	...	3
Others ... ... ... ...	...	3
		—
TOTAL ....		81
		—

This service enables expectant Mothers who so wish to stay at home to have their babies and receive domestic help, and during this year there have been 8 such cases as compared with 4 the previous year.

This scheme, of course, plays a very important part in the care of the old people in their own homes, although during 1960 there has not been an increase of general sick cases over 65 years ; as compared with 1959, it is exactly the same. It is true, however, that many old people are able to remain in their homes when receiving the services of a Home Help ; otherwise it might have been necessary for them to be cared for in Part III accommodation or in Hospital. Loneliness is experienced by many of the old people who, in addition to the care given by the Home Helps, still require the interest of neighbours and relatives.

### Chiropody Service

The West Riding County Council established throughout its area a Chiropody Service to cater for the needs of the aged (i.e. persons of pensionable age), the physically handicapped (i.e. a person suffering from a handicap which is directly associated with the need for Chiropody or a Handicap which in itself would prevent him attending to his own feet, e.g. the blind), and the expectant Mother. The treatment, subject to need, will continue for a year or for a shorter period if that shorter period completes the treatment. The scheme came into operation on the 1st February.

There are two ways of providing this service :—

- (1) a direct service provided by the Local Health Authority, or
- (2) a grant-in-aid from the Local Health Authority to a Voluntary Association who was providing or would provide such a service. So far as Stocksbridge district is concerned we have both a direct service and a service provided by the branch of the National Federation of Old People's Association, who in turn receive a grant in aid from the County for this service.

Patients who by reason of illness or other handicap, and whose Doctor has so certified them as being unable to travel to any of the fixed Clinics, may have domiciliary treatment, and in Stocksbridge a fair amount of domiciliary treatment has been provided.

When a person is found to require chiropody treatment a formal application is made, on a specified form, to the Divisional Medical Officer, who in turn notes the application, approves it and refers it to the appropriate Chiropodist. The latter, in turn, offers an appointment by postcard to the applicant.

It was to be expected that a scheme so complicated as this one has turned out to be could not operate without some difficulties, but in Stocksbridge difficulties have been very few and very easily overcome. There is now no waiting time at all for treatment.

During the year the direct service at the Clinic provided 279 treatments for 83 patients. All patients were Pensioners. No domiciliary treatment was provided by the direct service. The Voluntary Association's service provided 162 treatments for 68 patients at a fixed Centre. Over and above that this Voluntary Organisation provided 57 treatments to 26 patients in their own homes. Again, all patients treated by the Voluntary Organisation were Pensioners.

I think it is worth mentioning here that on ten occasions applicants failed to keep appointments for treatment. These chiropody sessions are so carefully arranged that if one or two fail to turn up at a session the Chiropodist finds that it is difficult to complete the required number of treatments expected at a session. It would be an advantage to us and the Chiropodist if persons would notify us at once if the appointment given was inconvenient. The next person on the list would then be asked to attend.

## Mental Health

The Mental Health Act (an Act to repeal the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1930-1938) received the Royal assent on the

29th July, 1959, and become effective as from the 1st November, 1960. The proposed changes are designed to give the maximum encouragement to persons suffering from any form of mental disorder to seek treatment promptly and voluntarily; at the same time it ensures that there is adequate restraint and safeguards where patients, in their own interests or for the safety of others, must be compulsory admitted to Hospitals and detained during treatment.

Prior to the 1st November, 1960, mental illness and mental subnormality were dealt with in two separate and distinct ways and with separate staff. It was felt that with the introduction of the new Act all members of the Mental Health Team should be all-purpose workers. Changes of this kind take time and so the staff services operative before before the Act will continue to be available.

The West Riding is served by nine large Mental Hospitals. It was decided to divide the County into seven Mental Health Areas each based on a Mental Hospital, each area to be self contained with regard to Social Workers. It was possible to do this because two of the Hospitals are outside the County but could be incorporated satisfactorily into the general scheme for one or other of the remaining seven areas. It is hoped in time to have seven areas fully staffed, with a Senior Mental Welfare Officer in each, covering the areas served by the following Mental Hospitals:—

Scalebor Park, Burley in Wharfedale.

Naburn and Bootham Park Hospital, York.

Clifton Hospital, York.

Stanley Royd Hospital, Wakefield.

Middlewood Hospital, Sheffield.

Storthes Hall Hospital, Kirkburton, near Huddersfield.

Menston Hospital, Menston, near Leeds.

From the 1st November, 1960, with the seven Senior Mental Welfare Officers appointed, and the promise of the additional staff, this new Mental Health Act became operative and the tremendous task of co-ordinating a close liaison with

Mental Hospitals, General Practitioners, Psychiatrists and other services best suited to the particular Mental Health Area.

At the 1st November there was a Senior Mental Welfare Officer operating in the Catchment Area of Storthes Hall Hospital and your District Council comes within this area. One Mental Welfare Officer and the part-time services of another were available at Divisional level when the service commenced.

It is too early to give any indication as to how the service is developing, but it is hoped that by the scheme outlined a service will arise which will serve the needs of the mentally ill.

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## SANITARY CIRCUMSTANCES — 1960

(Prepared by Mr. D. E. Robinson)

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### Nuisances

Table showing the number and type of nuisances found and action taken during the year.

Blocked Drains	...	...	...	...	...	51
Blocked or defective sink wastes	...	...				21
Blocked or defective W.C's	...	...	...			16
Defective Dust Bins	...	...	...	...		22
Defective roofs, eaves, gutters and fall pipes	...	...	...	...	...	11
Dampness—various causes	...	...	...			8
Miscellaneous	...	...	...	...	...	3
						132

Nuisances brought forward from 1959 ...	1
	<hr/>
Total needing abatement ... ... ...	133
Abated during 1960 ... ... ...	131
	<hr/>
Outstanding December 1960 ... ...	2
	<hr/>
Informal Notices served ... ... ...	67
Informal Notices complied with ... ...	66
Statutory Notices served ... ... ...	1
Statutory Notices complied with ... ...	1

### **Closet Accommodation**

Closet accommodation at the end of the year consisted of 55 Privies and 4,136 Water Closets.

### **Privy Conversions**

At the end of the year 1 privy conversion notice concerning one privy remained to be dealt with.

### **Refuse Collection**

Household refuse is collected from 3,505 Dustbins, 55 Privies and 8 Dry Ashpits. At one time during the year one complete collection team left the Council's employ and the labour position in 1960 was rather more difficult than in 1959. Attempts have been made to arrange a bonus system of collection but the operatives do not favour such a scheme and no such scheme has yet been agreed.

### **Refuse Disposal**

The Hollin Busk tip was filled during the year and when settlement is complete the surface will be graded and resoiled from material stacked on the site. The Council were successful in purchasing the central section of the Townend Common, and a tip there is now in use. This area should provide tipping for a period of ten to fifteen years.

## Salvage

The contract with Messrs. Thames Board Mills, Ltd. was continued and the following sales made :—

	...   ...   ...   ...	15 14 3	Weight		Value	
			T.	c.	qr.	£   s.   d.
Mixed Waste	...   ...   ...   ...	15 14 3				118 0 8
Newsprint	...   ...   ...   ...	19 19 1				169 13 7
			TOTAL	...   ...	35 14 0	£287 14 3

## Ice Cream

No ice cream is manufactured locally. Four licences for the sale only of ice cream were granted during the year, bringing the total of premises so licensed to 42.

## Inspection

34 inspections of registered food premises were made.

## Meat

Two private slaughter houses are in use. All the animals slaughtered were examined namely—216 Beasts, 154 Pigs and 622 Sheep and for the purpose of examination 165 separate visits were made.

The following table shows the diseased conditions found and the meat and/or organs surrendered and destroyed :—

Disease	Animal	Parts Surrendered	
		Head	Liver
Localised Tuberculosis	Pigs	1	1
Abscess	Beasts	—	2
Fluke Disease	Beasts	—	25
Fluke Disease	Sheep	—	1

## Other Foods

The following list shows unsound food surrendered and destroyed by incineration:—

Canned Meats	...   ...   ...	139 lbs.	0 ozs.
Canned Fish	...   ...   ...	16 lbs.	0 ozs.
Canned Fruit	...   ...   ...	690 lbs.	3 ozs.
Canned Vegetables	...   ...   ...	36 lbs.	1 ozs.
Canned Milk	...   ...   ...	58 lbs.	8 ozs.
Bacon	...   ...   ...   ...	4 lbs.	0 ozs.
Sausage	...   ...   ...   ...	17 lbs.	0 ozs.
Dried Fruit	...   ...   ...   ...	25 lbs.	0 ozs.
Shelled Walnuts	...   ...   ...	3 lbs.	8 ozs.
		989 lbs.	4 ozs.

About 23 cwts. of similar stocks were examined and found satisfactory.

## Food Premises

The number and type of food premises in the area including sales shops is as follows:—

Bakeries	...   ...   ...   ...   ...   ...	3
Canteens	...   ...   ...   ...   ...   ...	4
Snack and Coffee Bar	...   ...   ...   ...	1
Fish Fryers and Wet Fish Salesmen	...	7
General Grocers	...   ...   ...   ...   ...	10
General Grocers including bread and confectionery	...   ...   ...   ...   ...	40
General Grocers including bread, confectionery and meat	...   ...   ...	2
Sugar Confectionery	...   ...   ...   ...	8
Butchers	...   ...   ...   ...   ...   ...	15

## Water Supply

Stocksbridge's water is supplied and distributed by the Sheffield Corporation. Of the 3,754 houses in the district 3,674 have a public supply.

## Rodent and Insect Control

The Ministry of Agriculture, Fisheries and Food directed that it was not necessary for the usual annual 10% test of district sewers to be carried out this year.

Some minor rodent infestations were found and advice and assistance with the necessary treatment was given to the occupiers with successful results.

Three instances of cockroach infestation were found and dealt with.

The Council's tip and sewage disposal works have been reasonably free from infestation.

## Disinfection

One premise was disinfected after infectious disease.

## Housing

### New Houses Completed

(a) By Local Authority—Armitage Road and Lancaster Road Flats	... ...	16
(b) By Private Enterprise	... ...	48
		—
	Total	... 64
		—

## Closure of Houses

Representations were made in respect of three houses which were found to be unfit for habitation.

## **Relief of Overcrowding**

In the letting of the Council's houses 5 cases of overcrowding concerning 23 persons were dealt with.

## **Clearance Orders**

Confirmation regarding the following Clearance Orders has now been received from the Minister:—

Bower Row	...	...	...	...	11 Houses
Horner House	...	...	...	...	4 Houses
Mount Olive	...	...	...	...	6 Houses

Six families from these areas concerning 14 persons were re-housed by the Council by the end of the year.

No Clearance Orders were made by the Council during the year.

## **Repair and Reconditioning**

Five dwellings were rendered reasonably fit in consequence of informal action by the Local Authority.

## **Improvement Grants**

Twenty-two applications were granted, Twenty-one from owner-occupiers and one in respect of a tenanted house. The value of the grants totalled £2,626.

## **Standard Grants**

Eight applications were granted in respect of tenanted houses. The value of the grants totalled £420.

## **Loans for House Purchase**

The following shows the number and value of loans granted for house purchase and improvement during the year:—

Number of Loans Granted				
New Houses	Existing Houses	Improved Houses	Total	Total Value of Loans
19	48	9	76	£78,998

**New Buildings and Development Proposals  
submitted for Approval, for 1960**

			Dis- approved	Approved	Total
Garages	...	...	2	128	130
Garden Sheds, Coal Stores and Porches etc.	...	...	—	16	16
Sanitary Conveniences	...	...	—	43	43
Store Sheds	...	...	—	3	3
Conservatories	...	...	—	3	3
Offices and Works Extensions	...	...	—	10	10
New Dwelling Houses	...	...	—	36	36
Dwelling House Extensions	...	...	—	4	4
Residential Layout	...	...	—	1	1
Overhead Lines	...	...	—	2	2
Electrical Sub-station	...	...	—	1	1
Outline Applications	...	...	3	17	20
Change of use	...	...	—	2	2
Advertisement Signs	...	...	—	3	3
Licensed Premises	...	...	—	1	1
Shop Premises	...	...	—	3	3
Golf Club Extension	...	...	—	1	1
Workshop	...	...	—	1	1
Caravan	...	...	—	1	1
Petrol Filling Station	...	...	1	—	1
			—	276	282

**APPENDIX**  
**FACTORIES ACTS, 1937 to 1959**

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**ANNUAL REPORT OF THE MEDICAL OFFICER OF  
 HEALTH IN RESPECT OF THE YEAR 1960 FOR THE  
 URBAN DISTRICT OF STOCKSBIDGE IN THE  
 COUNTY OF YORKSHIRE—WEST RIDING**

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**Prescribed Particulars on the Administration of the  
 Factories Act, 1937**

**Part I of the Act**

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	4	15	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .....	24	35	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .....	9	14	—	—
<b>TOTAL</b> .....	<b>37</b>	<b>64</b>	—	—

2. Cases in which DEFECTS were found (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Reme-died (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1.)	2	2	—	2	—
Overcrowding (S.2.) .....	—	—	—	—	—
Unreasonable temperature (S.3.) .....	—	—	—	—	—
Inadequate ventilation (S.4.) .....	—	—	—	—	—
Ineffective drainage of floors (S.6.) .....	—	—	—	—	—
Sanitary Conveniences (S.7.)					
(a) Insufficient .....	—	—	—	—	—
(b) Unsuitable or defect-ive .....	—	—	—	—	—
(c) Not separate for sexes	1	1	—	1	—
Other offences against the Act (not including offences relating to Out-work) .....	—	—	—	—	—
<b>TOTAL</b> .....	<b>3</b>	<b>3</b>	—	<b>3</b>	—

### Part VIII of the Act OUTWORK (Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	No. of out-workers August list required by Section 110(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in un-wholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing Apparel Making etc., cleaning and washing .....						
Household Linen .....			Nil Return			
etc., etc. as per schedule						

Signature

J. MAIN RUSSELL,

Medical Officer of Health,

Date 31-12-60



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*A. Taylor & Sons Ltd., Wombwell, Yorks.*

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